

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF MISSOURI, ST. LOUIS DIVISION

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

John

First name

W.

Middle name

Bring your picture identification to your meeting with the trustee.

Yerkey, Jr.

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

2. All other names you have used in the last 8 years

Include your married or maiden names.

Michelle

First name

R.

Middle name

Yerkey

Last name and Suffix (Sr., Jr., II, III)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-1675

xxx-xx-3144

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years** I have not used any business name or EINs.Include trade names and *doing business as* names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live**2216 Foggy Bottom Drive
Florissant, MO 63031**

Number, Street, City, State & ZIP Code

St. Louis

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- No.
 Yes.

| | | | | | |
|----------|-------------------------------------|------|----------------|-------------|-----------------|
| District | Eastern District of Missouri | When | 7/08/14 | Case number | 14-45431 |
| District | Eastern District of Missouri | When | 8/18/15 | Case number | 15-46224 |
| District | | When | | Case number | |

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- No
 Yes.

| | |
|----------|-----------------------|
| Debtor | Relationship to you |
| District | Case number, if known |
| Debtor | Relationship to you |
| District | Case number, if known |

11. Do you rent your residence?

- No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a *small business debtor* so that it can set appropriate deadlines. If you indicate that you are a *small business debtor*, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a *small business debtor* according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a *small business debtor* according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1
Debtor 2

Yerkey, John W. Jr. & Yerkey, Michelle R.

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

| | | | |
|---|--|--|--|
| 16. What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | |
| | <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17. | | |
| 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | 16c. State the type of debts you owe that are not consumer debts or business debts | | |
| | <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17. | | |
| 17. Are you filing under Chapter 7? | <input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | | |
| | <input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 18. How many Creditors do you estimate that you owe? | <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 | <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000 |
| 19. How much do you estimate your assets to be worth? | <input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |
| 20. How much do you estimate your liabilities to be? | <input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ John Yerkey

John W. Yerkey, Jr.
Signature of Debtor 1

/s/ Michelle Yerkey

Michelle R. Yerkey
Signature of Debtor 2

Executed on January 29, 2019
MM / DD / YYYY

Executed on January 29, 2019
MM / DD / YYYY

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jason Fauss

Signature of Attorney for Debtor

Date

January 29, 2019

MM / DD / YYYY

Jason Fauss

Printed name

The Fauss Law Firm, LLC

Firm name

**11965 Saint Charles Rock Rd Ste 202
Bridgeton, MO 63044-2628**

Number, Street, City, State & ZIP Code

Contact phone **(314) 291-8899**

Email address

jason@fausslaw.com

57734 MO

Bar number & State

Fill in this information to identify your case:

| | | | |
|---|----------------------------|--|-----------|
| Debtor 1 | John W. Yerkey, Jr. | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Michelle R. Yerkey | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT OF MISSOURI, ST. LOUIS DIVISION | |
| Case number (if known) _____ | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | | Your assets Value of what you own |
|-----|---|---|
| 1. | Schedule A/B: Property (Official Form 106A/B) | \$ 75,000.00 |
| 1a. | Copy line 55, Total real estate, from Schedule A/B..... | \$ 75,000.00 |
| 1b. | Copy line 62, Total personal property, from Schedule A/B..... | \$ 14,450.00 |
| 1c. | Copy line 63, Total of all property on Schedule A/B..... | \$ 89,450.00 |

Part 2: Summarize Your Liabilities

| | | Your liabilities Amount you owe |
|-----|--|---|
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | \$ 85,110.11 |
| 2a. | Copy the total you listed in Column A of Part 1 of <i>Schedule D</i> | \$ 85,110.11 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$ 0.00 |
| 3a. | Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ 0.00 |
| 3b. | Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | \$ 7,659.47 |
| | | Your total liabilities \$ 92,769.58 |

Part 3: Summarize Your Income and Expenses

| | | |
|----|---|--------------------|
| 4. | Schedule I: Your Income (Official Form 106I) | \$ 3,551.59 |
| | Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ 3,551.59 |
| 5. | Schedule J: Your Expenses (Official Form 106J) | \$ 1,498.33 |
| | Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ 1,498.33 |

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Yerkey, John W. Jr. & Yerkey, Michelle R.

Debtor 2 Case number (if known)

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 4,142.44

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

| From Part 4 on Schedule E/F, copy the following: | Total claim |
|--|-----------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ <u>0.00</u> |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ <u>0.00</u> |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ <u>0.00</u> |
| 9d. Student loans. (Copy line 6f.) | \$ <u>0.00</u> |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ <u>0.00</u> |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ <u>0.00</u> |
| 9g. Total. Add lines 9a through 9f. | \$ <u>0.00</u> |

Fill in this information to identify your case:

| | | | |
|---|--|-------------|-----------|
| Debtor 1 | John W. Yerkey, Jr. | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Michelle R. Yerkey | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF MISSOURI, ST. LOUIS DIVISION | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| 2.1 | BSI Financial Services | Describe the property that secures the claim: | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|-----|--|--|---|--|---|
| | Creditor's Name BSI Financial Services | Number, Street, City, State & Zip Code PO Box 679002 Dallas, TX 75267-9002 | \$80,004.11 | \$75,000.00 | \$5,004.11 |

PO Box 679002**Dallas, TX 75267-9002**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred **10/24/01**Last 4 digits of account number **0312**

| 2.2 | Metropolitan St. Louis Sewer District | Describe the property that secures the claim: | \$2,697.88 | \$75,000.00 | \$2,697.88 |
|-----|---|--|-------------------|--------------------|-------------------|
| | Creditor's Name Metropolitan St. Louis Sewer District | Number, Street, City, State & Zip Code 2350 Market St Saint Louis, MO 63103-2519 | | | |

**2350 Market St
Saint Louis, MO
63103-2519**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred **2018**Last 4 digits of account number **5571**

| | | | | | |
|----------|----------------------------|------------|-------------|-----------|------------------------|
| Debtor 1 | John W. Yerkey, Jr. | First Name | Middle Name | Last Name | Case number (if known) |
| Debtor 2 | Michelle R. Yerkey | First Name | Middle Name | Last Name | |

| | | | | | |
|--|----------------------------|--|------------|-------------|------------|
| 2.3 | Pleasant Hollow HOA | Describe the property that secures the claim: | \$2,408.12 | \$75,000.00 | \$2,408.12 |
| Creditor's Name | | 2216 Foggy Bottom Drive, Florissant, MO 63031 Residence | | | |
| c/o House & Associates 1725 DaVinci Dr Dardenne Prairie, MO 63368-6836 | | As of the date you file, the claim is: Check all that apply. | | | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| | | Nature of lien. Check all that apply. | | | |
| | | <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) | | | |
| Who owes the debt? Check one. | | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | | | |
| Check if this claim relates to a community debt | | | | | |
| Date debt was incurred 2017 | | Last 4 digits of account number 2216 | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$85,110.11

If this is the last page of your form, add the dollar value totals from all pages.

\$85,110.11

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | |
|--------------------------|---|--|
| <input type="checkbox"/> | Name, Number, Street, City, State & Zip Code Account Resolution Corporation 700 Goddard Avenue Chesterfield, MO 63005 | On which line in Part 1 did you enter the creditor? 2.2 |
| <input type="checkbox"/> | Name, Number, Street, City, State & Zip Code Marinosci Law Group of Missouri P.C. 1512 Main St Ste 130 Grandview, MO 64030-4831 | On which line in Part 1 did you enter the creditor? 2.1 |
| <input type="checkbox"/> | Name, Number, Street, City, State & Zip Code United Credit & Collections Inc. P.O. Box 1075 St. Charles, MO 63302 | On which line in Part 1 did you enter the creditor? 2.3 |
| | | Last 4 digits of account number 5571 |
| | | Last 4 digits of account number 0312 |
| | | Last 4 digits of account number 2216 |

Fill in this information to identify your case:

| | | | |
|---|--|-------------|-----------|
| Debtor 1 | John W. Yerkey, Jr. | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Michelle R. Yerkey | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF MISSOURI, ST. LOUIS DIVISION | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| 4.1 | Total claim | |
|---|---------------------------------|-----------------|
| Account Resolution Corporation Nonpriority Creditor's Name | Last 4 digits of account number | \$125.00 |
| 700 Goddard Avenue Chesterfield, MO 63005 Number Street City State Zip Code | When was the debt incurred? | 2013 |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Original creditor: Esse Health | | |

Debtor 1 Yerkey, John W. Jr. & Yerkey, Michelle R.
Debtor 2 _____

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Case number (if known) _____

| | | | |
|-----|---|--|-------------------|
| 4.2 | Account Resolution Corporation Nonpriority Creditor's Name 700 Goddard Ave Chesterfield, MO 63005-1100 Number Street City State Zip Code | Last 4 digits of account number _____ | \$33.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? _____ | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Original Creditor: Ernst Radiology</u> | |
| 4.3 | Account Resolution Services Nonpriority Creditor's Name PO Box 459079 Sunrise, FL 33345-9079 Number Street City State Zip Code | Last 4 digits of account number <u>0272</u> | \$963.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? <u>2017</u> | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u> | |
| 4.4 | Ameren Missouri Nonpriority Creditor's Name PO Box 66881 Saint Louis, MO 63166-6881 Number Street City State Zip Code | Last 4 digits of account number <u>8131</u> | \$1,301.47 |
| | Who incurred the debt? Check one. | When was the debt incurred? <u>2018</u> | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility Service</u> | |

Debtor 1 Yerkey, John W. Jr. & Yerkey, Michelle R.
Debtor 2 _____

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Case number (if known) _____

| | | | |
|-----|---|---------------------------------|-----------------|
| 4.5 | Charter Communications Nonpriority Creditor's Name | Last 4 digits of account number | <u>\$393.00</u> |
| | PO Box 790086 St. Louis, MO 63179 Number Street City State Zip Code | When was the debt incurred? | <u>2013</u> |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Cable service</u> | | |
| 4.6 | Consumer Adj Company Nonpriority Creditor's Name | Last 4 digits of account number | <u>\$32.00</u> |
| | 4121 Union Road, Ste 201 St. Louis, MO 63129 Number Street City State Zip Code | When was the debt incurred? | <u>2010</u> |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Original creditor: ProRehab</u> | | |
| 4.7 | Mercy Virtual Business Office Nonpriority Creditor's Name | Last 4 digits of account number | <u>\$108.00</u> |
| | 1730 E Portland Springfield, MO 65804 Number Street City State Zip Code | When was the debt incurred? | <u>2013</u> |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u> | | |

Debtor 1 **Yerkey, John W. Jr. & Yerkey, Michelle R.**
Debtor 2 _____

Case number (if known) _____

| | | | |
|--|---|---|---------|
| 4.8 | Mercy Virtual Business Office Nonpriority Creditor's Name | Last 4 digits of account number <u>3955</u> | \$89.00 |
| 1730 E Portland Springfield, MO 65804 Number Street City State Zip Code | | | |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u> | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |

| | | | |
|---|---|---|----------|
| 4.9 | NCO Financial Nonpriority Creditor's Name | Last 4 digits of account number <u>8984</u> | \$318.00 |
| 507 Prudential Rd Horsham, PA 19044-2308 Number Street City State Zip Code | | | |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Original creditor: Kurt W. Kaufman, DPM</u> | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |

| | | | |
|---|---|---------------------------------|----------|
| 4.10 | NCO Financial Nonpriority Creditor's Name | Last 4 digits of account number | \$250.00 |
| 507 Prudential Rd Horsham, PA 19044-2308 Number Street City State Zip Code | | | |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Original creditor: DePaul Health Center</u> | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |

Debtor 1 **Yerkey, John W. Jr. & Yerkey, Michelle R.**
Debtor 2 _____

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Case number (if known) _____

4.11 **Psych Care Consultants**
Nonpriority Creditor's Name

| | | |
|---------------------------------|-------------|-----------------|
| Last 4 digits of account number | <u>8765</u> | \$200.00 |
| When was the debt incurred? | <u>2018</u> | |

**5000 Cedar Plaza Pkwy Ste 350
Saint Louis, MO 63128-3859**
Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

At least one of the debtors and another **Type of NONPRIORITY unsecured claim:**

Check if this claim is for a community debt Student loans

Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims

No Debts to pension or profit-sharing plans, and other similar debts

Yes Other. Specify Medical Bill

4.12 **Synerprise Consulting Service, Inc.**
Nonpriority Creditor's Name

| | | |
|---------------------------------|-------------|-------------------|
| Last 4 digits of account number | <u>0907</u> | \$3,847.00 |
| When was the debt incurred? | <u>2017</u> | |

**P.O. Box 957
Shawnee Mission, KS 66201-0957**
Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

At least one of the debtors and another **Type of NONPRIORITY unsecured claim:**

Check if this claim is for a community debt Student loans

Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims

No Debts to pension or profit-sharing plans, and other similar debts

Yes Other. Specify Original Creditor: The Schumacher Group

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?
Credit Management LP Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
PO Box 118288 Part 2: Creditors with Nonpriority Unsecured Claims
Carrollton, TX 75011-8288

Last 4 digits of account number _____

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?
Rickman & Rickman Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
PO Box 212269 Part 2: Creditors with Nonpriority Unsecured Claims
Columbia, SC 29221

Last 4 digits of account number 1610

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?
Rickman & Rickman Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
PO Box 212269 Part 2: Creditors with Nonpriority Unsecured Claims
Columbia, SC 29221

Last 4 digits of account number 3955**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| Total claims from Part 1 | | Total Claim |
|--------------------------|---|------------------------|
| | 6a. Domestic support obligations | 6a. \$ 0.00 |
| | 6b. Taxes and certain other debts you owe the government | 6b. \$ 0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. \$ 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. \$ 0.00 |
| | 6e. Total Priority. Add lines 6a through 6d. | 6e. \$ 0.00 |
| Total claims from Part 2 | | Total Claim |
| | 6f. Student loans | 6f. \$ 0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ 0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. \$ 7,659.47 |
| | 6j. Total Nonpriority. Add lines 6f through 6i. | 6j. \$ 7,659.47 |

Fill in this information to identify your case:

| | | | |
|---|--|-------------|-----------|
| Debtor 1 | John W. Yerkey, Jr. | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Michelle R. Yerkey | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF MISSOURI, ST. LOUIS DIVISION | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property(Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease | | State what the contract or lease is for |
|-----|--|--------|---|
| | Name, Number, Street, City, State and ZIP Code | | |
| 2.1 | Name | | |
| | Number | Street | |
| | City | State | ZIP Code |
| 2.2 | Name | | |
| | Number | Street | |
| | City | State | ZIP Code |
| 2.3 | Name | | |
| | Number | Street | |
| | City | State | ZIP Code |
| 2.4 | Name | | |
| | Number | Street | |
| | City | State | ZIP Code |
| 2.5 | Name | | |
| | Number | Street | |
| | City | State | ZIP Code |

Fill in this information to identify your case:

| | | | |
|---|--|-------------|-----------|
| Debtor 1 | John W. Yerkey, Jr. | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Michelle R. Yerkey | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF MISSOURI, ST. LOUIS DIVISION | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

| | | | |
|--------|--------|-------|----------|
| Number | Street | State | ZIP Code |
| City | | | |

3.2

Name _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

| | | | |
|--------|--------|-------|----------|
| Number | Street | State | ZIP Code |
| City | | | |

| | | | |
|---|--|--|--|
| Fill in this information to identify your case: | | | |
| Debtor 1 | John W. Yerkey, Jr. First Name _____ Middle Name _____ Last Name _____ | | |
| Debtor 2 (Spouse if, filing) | Michelle R. Yerkey First Name _____ Middle Name _____ Last Name _____ | | |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF MISSOURI, ST. LOUIS DIVISION | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ John Yerkey
John W. Yerkey, Jr.
Signature of Debtor 1

Date January 29, 2019

X /s/ Michelle Yerkey
Michelle R. Yerkey
Signature of Debtor 2

Date January 29, 2019

United States Bankruptcy Court
Eastern District of Missouri, St. Louis Division

In re Yerkey, John W. Jr. & Yerkey, Michelle R.

Debtor(s)

Case No.

Chapter

13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|---|--------------------|
| For legal services, I have agreed to accept | \$ <u>4,800.00</u> |
| Prior to the filing of this statement I have received | \$ <u>0.00</u> |
| Balance Due | \$ <u>4,800.00</u> |

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 29, 2019

Date

/s/ Jason Fauss

Jason Fauss

Signature of Attorney

The Fauss Law Firm, LLC

**11965 Saint Charles Rock Rd Ste 202
Bridgeton, MO 63044-2628
(314) 291-8899 Fax: (314) 739-1355
jason@fausslaw.com**

Name of law firm

Account Resolution Corporation
700 Goddard Avenue
Chesterfield, MO 63005

Account Resolution Corporation
700 Goddard Ave
Chesterfield, MO 63005-1100

Account Resolution Corporation
700 Goddard Avenue
Chesterfield, MO 63005-0000

Account Resolution Services
PO Box 459079
Sunrise, FL 33345-9079

Ameren Missouri
PO Box 66881
Saint Louis, MO 63166-6881

BSI Financial Services
PO Box 679002
Dallas, TX 75267-9002

Charter Communications
PO Box 790086
St. Louis, MO 63179

Consumer Adj Company
4121 Union Road, Ste 201
St. Louis, MO 63129

Credit Management LP
PO Box 118288
Carrollton, TX 75011-8288

Marinosci Law Group of Missouri P.C.
1512 Main St Ste 130
Grandview, MO 64030-4831

Mercy Virtual Business Office
1730 E Portland
Springfield, MO 65804-0000

Metropolitan St. Louis Sewer District
2350 Market St
Saint Louis, MO 63103-2519

Missouri Department Of Revenue
301 West High Street
Harry S. Truman State Office Building
Jefferson City, MO 65101

NCO Financial
507 Prudential Rd
Horsham, PA 19044-2308

Pleasant Hollow HOA
c/o House & Associates
1725 Davinci Dr
Dardenne Prairie, MO 63368-6836

Psych Care Consultants
5000 Cedar Plaza Pkwy Ste 350
Saint Louis, MO 63128-3859

Rickman & Rickman
PO Box 212269
Columbia, SC 29221

Synerprise Consulting Service, Inc.
P.O. Box 957
Shawnee Mission, KS 66201-0957

United Credit & Collections Inc.
P.O. Box 1075
St. Charles, MO 63302-0000

United States Bankruptcy Court
Eastern District of Missouri, St. Louis Division

IN RE:

Yerkey, John W. Jr. & Yerkey, Michelle R.

Debtor(s)

Case No. _____

Chapter 13

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: January 29, 2019

Signature: /s/ John Yerkey
John Yerkey

Debtor

Date: January 29, 2019

Signature: /s/ Michelle Yerkey
Michelle Yerkey

Joint Debtor, if any

| | |
|---|---|
| Fill in this information to identify your case: | |
| Debtor 1 | John W. Yerkey, Jr. |
| Debtor 2 (Spouse, if filing) | Michelle R. Yerkey |
| United States Bankruptcy Court for the: | Eastern District of Missouri, St. Louis Division |
| Case number (if known) | |

| | |
|---|--|
| Check as directed in lines 17 and 21: | |
| According to the calculations required by this Statement: | |
| <input checked="" type="checkbox"/> | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |
| <input type="checkbox"/> | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). |
| <input checked="" type="checkbox"/> | 3. The commitment period is 3 years. |
| <input type="checkbox"/> | 4. The commitment period is 5 years. |

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|--|----------------------|--|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$ <u>1,471.94</u> | \$ <u>2,670.50</u> |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3. | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5. Net income from operating a business, profession, or farm | Debtor 1 | |
| Gross receipts (before all deductions) | \$ <u>0.00</u> | |
| Ordinary and necessary operating expenses | -\$ <u>0.00</u> | |
| Net monthly income from a business, profession, or farm | \$ <u>0.00</u> | Copy here -> \$ <u>0.00</u> |
| 6. Net income from rental and other real property | Debtor 1 | |
| Gross receipts (before all deductions) | \$ <u>0.00</u> | |
| Ordinary and necessary operating expenses | -\$ <u>0.00</u> | |
| Net monthly income from rental or other real property | \$ <u>0.00</u> | Copy here -> \$ <u>0.00</u> |

Debtor 1
Debtor 2**Yerkey, John W. Jr. & Yerkey, Michelle R.**

Case number (if known)

7. **Interest, dividends, and royalties**
 8. **Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**
 For your spouse \$ **0.00**

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. \$ **0.00** \$ **0.00**

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

| | | |
|-------|----------------|----------------|
| | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 |

Total amounts from separate pages, if any. + \$ **0.00** \$ **0.00**

11. **Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

| | | | | |
|--------------------|------|--------------------|------|--------------------|
| \$ 1,471.94 | + \$ | \$ 2,670.50 | = \$ | \$ 4,142.44 |
|--------------------|------|--------------------|------|--------------------|

Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. **Copy your total average monthly income from line 11.** \$ **4,142.44**

13. **Calculate the marital adjustment.** Check one:

- You are not married. Fill in 0 below.
 You are married and your spouse is filing with you. Fill in 0 below.
 You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

| | |
|-------------|----------------|
| | \$ _____ |
| | \$ _____ |
| + \$ _____ | |
| Total | \$ 0.00 |

Copy here=> - **0.00**

14. **Your current monthly income.** Subtract line 13 from line 12. \$ **4,142.44**

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> \$ **4,142.44**

Multiply line 15a by 12 (the number of months in a year).

15b. The result is your current monthly income for the year for this part of the form. x 12

| |
|---------------------|
| \$ 49,709.28 |
|---------------------|

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live.

MO

16b. Fill in the number of people in your household.

4

16c. Fill in the median family income for your state and size of household.

\$ 83,609.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

- 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box *Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3.* Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).
- 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box *Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income* (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)18. **Copy your total average monthly income from line 11 .** \$ 4,142.4419. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ 0.0019b. **Subtract line 19a from line 18.**\$ 4,142.4420. **Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b

\$ 4,142.44

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ 49,709.28

20c. Copy the median family income for your state and size of household from line 16c

\$ 83,609.00**21. How do the lines compare?**

- Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years.* Go to Part 4.
- Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years.* Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ John Yerkey**John W. Yerkey, Jr.**

Signature of Debtor 1

Date **January 29, 2019**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

X /s/ Michelle Yerkey**Michelle R. Yerkey**

Signature of Debtor 2

Date **January 29, 2019**

MM / DD / YYYY